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Bib Data Sheet

CONFIRMATION NO. 6003

SERIAL NUMBER 10/633,408	FILING OR 371(c) DATE 08/04/2003 RULE	CLASS 351	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. 059277-0115
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

JAPAN 2002-236275 08/14/2002 *LNL*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 10/30/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 21	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance				

**ADDRESS**

22428

**TITLE**

Ophthalmic measuring apparatus

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